MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 517883 FILING DATE

APPLICANT(S)

\mathbf{CL}	A	T	Й	S

	AS FILED			AFTER 1"AMENDMENT			AFTER 2 ** AMENDMENT	
	IND.	DEP.	IND.	DEP	:	IND.	DEP.	
1_1_	1.	,			1			
3	 	2	 -	+	4			
4	 	(D)		++	4			
5	 	(D)	 	++	-			
6		7		++	1		<u> </u>	
7		7			7		·	
8		α			1			
9	<u> </u>	9		++	4			
11		6		1-1-	╁			
12		35			╂			
13		7		 	╁			
14				1	†			
15					1			
16				 				
17 18				 	4			
19				 	╁			
20				 	†			
21					1			
22					I			
23 24					╀			
25				 	╀			
26				 -	╂			
27					╆			
28								
29				ļ	L			
30 31					╀			
32				 	╀			
33					╊			
34					1			
35					L			
36 37				<u> </u>	L			
38					╀			
39					┢			
40					t			
41					Г			
42					L	\Box		
44					┡			
45		 }-			₽			
46					┢	+		
47								
48								
<u>49</u> 50								
TOTAL		 }	- ,		ļ			
IND.		₩	-	♣			♣	
TOTAL DEP.		+ [9	4			-	
TOTAL CLAIMS		1940	101					
PTO - 1360 (REV. 11/04)								

	AS FILED			AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT	
	IND.	DEP.	IND.				
51							
52	 						
<u>53</u> 54		<u> </u>				 	
55				+	 -	 	
56					 	 	
57				1		 	
_58							
59							
60				ļ	<u> </u>		
62						 	
63				 	 	 	
64				 -		 	
65							
66							
67 68					ļ		
69					I	<u> </u>	
70				 			
71				 	 	ļ	
72							
73							
74							
75 76					ļ		
77				 	!		
78							
79							
80							
81			<u> </u>		 		
82 83		-			l		
84							
85							
86							
87							
88 89							
90							
91							
92							
93							
94							
95							
96 97							
98							
99							
100							
TOTAL IND,							
TOTAL				▼		▼	
DEP.		-		(-		-	
TOTAL CLAIMS			1000				
	U.: Pa	S. DEPARTM tent and Trac	IENT of CO lemark Offi	MMERCE (197	4	